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NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL

SCHOOL MEDICAL OFFICER

FOR 1970





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PREFACE

Pupils at Norfolk schools number 66,224 compared to 54,642 in 1965 and the increase is greatest in the primary schools which now accommodate 42,772 youngsters compared to 33,223 five years ago.

Handicapped pupils continue to form about 1.4% of the school population and are the special focus of the whole process of screening which consists of medical examination of entrants, tests of vision and hearing, observation of development and periodic review during school life.

The pattern of handicap is changing gradually with a reduction in the incidence of epilepsy, an increase in the maladjustment and physical handicap categories. The reasons for such changes in the pattern of disease include earlier diagnosis and treatment, coupled with increased chances of survival in infancy, and improved case finding as facilities for medical and educational treatment are developed.

This results in a fairly static total but the proportion of children with handicaps requiring long and expensive treatment is increasing.

The expansion of services includes the opening of Ethel Tipple School for day pupils in the educationally subnormality category and the establishment of regular conferences to help handicapped school leavers by joint discussion of their difficulties by a group of officers including a careers officer, educational psychologist, medical officers, social workers, supported by other specialist officers of the county departments and voluntary bodies.

The resources to serve the needs of pupils are affected by the demands of other parts of the National Health Service so that staffing problems have occurred particularly in the recruitment of speech therapists. The development of services is affected by the shortage of children's psychiatrists and psychiatric social workers, while the recruitment of medical staff which had been very encouraging at the beginning of the year, had changed completely by December.

I appreciate the help and co-operation I have received during the year from the Chief Education Officer and his staff, head teachers of the schools, and the professional and clerical staff of this department.

A. G. SCOTT

Health Department
County Hall
Martineau Lane
Norwich, Nor 48A
August, 1971

STAFF

Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P., D.P.H.

Senior Medical Officers:

A. N. HUNTER, M.B., Ch.B., D.P.H.

A. S. LINDSAY, M.B., Ch.B., D.P.H.

Assistant Senior Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P.

School Medical Officers:

(Also County Departmental Medical Officers and District Medical Officers of Health)

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. MCD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., D.P.H., D.I.H.

LYDIA MCMURDO, M.R.C.S., L.R.C.P., D.P.H.

L. G. POOLE, M.B., Ch.B., D.P.H., D.T.M. & H.

School Medical Officers :

(Also Departmental Medical Officers)

Full-time

E. J. APPEGATE, M.B., B.S., D.Obst.R.C.O.G.

R. M. BADMINTON, M.B., Ch.B., D.Obst. R.C.O.G., D.A., D.P.H. (from 1.7.70)

SYBIL E. CATOR, M.B., Ch.B.

MARGARET L. E. CHASTNEY, B.Sc., M.R.C.S., L.R.C.P.

JUDITH C. R. WARDLE, M.B., B.S., D.Obst., R.C.O.G.

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

G. I. DAVIES, M.D., D.P.H. (to 15.6.70)

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H. (to 31.12.70)

PAMELA HUNTER, M.B., B.S., D.P.H.

ROSEMARIE D. LINCOLN, M.B., B.S. (to 17.7.70)

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B.

EILEEN M. STEELE, M.B., B.S.

Principal School Dental Officer:
N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.) (to 31.10.70)
K. J. PRATT, B.D.S., L.D.S., R.C.S. (Eng.) (from 1.11.70)
J. L. TAYLOR, L.D.S., R.C.S. (Edin.)
A. M. WILSON, L.D.S., R.C.S. (Edin.)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

Full-time

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)
IRENE COLLARD, L.D.S.
J. H. DE MIERRE, L.D.S., R.C.S. (Eng.) (to 31.7.70)
J. GEMMELL, L.D.S., R.F.P.S. (Glas.)
J. D. GULLAN-WHUR, B.D.S., L.D.S., R.C.S. (Eng.) (from 8.6.70)
J. G. HEYES, B.D.S. (to 8.6.70)
P. J. PEARCE, B.D.S.
K. J. PRATT, B.D.S., L.D.S., R.C.S. (Eng.) (to 31.10.70)
FRANCES J. RHODES, L.D.S., R.C.S. (Eng.)
JUDITH M. WILD, B.D.S. (from 1.9.70)
MARGARET WILSON, L.D.S., R.C.S. (Edin.)

Part-time

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.)
DEIRDRE A. CUBITT, B.D.S., L.D.S., R.C.S. (Eng.) (from 3.3.70)
C. A. WATKINS, B.D.S. (to 28.2.70)

Superintendent Nursing Officer:

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS H. M. H. LONGHURST, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS M. WELLS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1.6.70)

Other Nursing Staff Engaged on School Health Service Duties:

Health Visitors and School Nurses

School nursing duties only, 1; combined duties, 41.

District Nurses and Midwives

Duties combined with health visiting and school nursing, 14

Senior Speech Therapist:

MISS J. RUTT, L.C.S.T.

Speech Therapists:

MRS. D'VIDA BEATON, B.A. (Natal), L.C.S.T.
MISS D. M. BRAITHWAITE, L.C.S.T.
MRS. E. M. MACDONALD, L.C.S.T.

Part-time

MRS. D. BAMBRIDGE, L.C.S.T.
MRS. B. M. GALLOIS, L.C.S.T. (from 2.6.70 to 31.12.70)
MRS. E. S. SIDES, L.C.S.T. (to 1.5.70)

19 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1970

I. GENERAL STATISTICS

Area of administrative county 1,301,014 acres

Registrar-General's mid-year estimate of population, 1970 .. 447,060

Number of schools and number of pupils on the registers:

Type of school	Number of schools	Number of pupils on registers
Primary	388	42,772
Secondary Modern	45	17,142
Secondary Grammar	13	5,334
Wymondham College	1	706
Nursery schools	3	120
Special schools	3	150
	<hr/> 453 <hr/>	<hr/> 66,224 <hr/>

Average attendance of pupils at primary
and secondary modern schools for the year
ended 31st December, 1970:

Primary	92.7
Secondary Modern	91.3

II. STAFF

The number of staff and whole-time equivalent employed in the school health service at 31st December, is given in the table below:

	31st December, 1970		31st December, 1969	
	No. employed	Estimated equivalent in terms of whole- time officers	No. employed	Estimated equivalent in terms of whole- time officers
Medical staff ..	24	10.09	25	10.32
Dental officers ..	15	13.31	16	14.65
Speech therapists ..	6	4.80	6	4.80
School nurses	62	11.25	59	9.86
Driver attendants ..	19	17.10	19	17.10
Clerk attendants ..	11	3.60	10	3.33
Totals	137	60.15	135	60.06

III. MEDICAL INSPECTION

There was no change in the programme as set out below for periodic medical inspection.

Medical inspection and other examinations normally carried out during a child's school life

Age	Examination
On entry (normally 5 years)	Full medical inspection by school medical officer.
6 years	Hearing test by health visitor and, where necessary, examination by school medical officer.
8 years	*Testing of vision by health visitor.
10-11 years	Full medical examination by school medical officer.
13 years	*In secondary modern and grammar schools testing of vision by health visitor.
14½ years	Full medical examination in secondary modern and grammar schools by school medical officer.
Any age	Medical re-examination is carried out where it is considered necessary to keep a child under observation.
Any age	A special examination can be carried out at any time at the request of parent or head teacher.

*(Any child found to have defective vision is referred to the school medical officer to be seen as a 'special' at his next visit).

The number of pupils inspected during 1970, 20,224, was nearly 2,000 in excess of those inspected during the previous year. The number of pupils noted in previous years to have a defect who were re-examined was 8,149, a slightly lower figure than for 1969. In addition 1,137 pupils were examined as 'special' cases at the request of parents, teachers or school nurses.

All areas continued to have the use of the Keystone Vision Screener for testing pupils at Norfolk schools by the nursing staff and figures relating to the number screened is included in the following table which also shows the number of pupils whose vision was tested by other methods.

	Vision screened by Keystone screener	No. failed referred S.M.O.	Vision screened by other methods	No. failed referred S.M.O.
Number of 8-year-old children (Primary schools)	3,225	678	1,558	249
Number of 13-year-old children (Secondary grammar and Secondary modern schools)	2,538	498	227	37
Totals	5,763	1,176	1,785	286

The percentage number of parents who attended medical inspections was approximately sixty.

FINDINGS OF MEDICAL INSPECTION

The number of individual children found at periodic medical inspection to have one or more defects considered to need treatment was 2,088 or 10.32 % of the number of pupils examined. This was a decrease of 0.96 % compared with the corresponding figure for 1969, the percentage figures for 1970 and the previous four years being:

1966	12.33 %
1967	12.37 %
1968	12.31 %
1969	11.28 %
1970	10.32 %

General Condition

The following table shows the percentage number of pupils found to have an unsatisfactory condition. There was an infinitesimal rise in the figures compared with the previous year.

Year	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1966	15,309	15,283	99.83	26	0.17
1967	17,175	17,132	99.75	43	0.25
1968	17,238	17,214	99.86	24	0.14
1969	18,237	18,222	99.92	15	0.08
1970	20,224	20,205	99.91	19	0.09

CLEANLINESS

During the year 34,963 head inspections were carried out by school nurses and 223 children were found to be verminous. This figure shows an increase in the incidence but it is still below the latest available national figure. The health visitor regularly follows up those pupils at school (advice is offered and medications issued to parents) until such time as the heads are clean.

HANDICAPPED SCHOOL LEAVERS

The first case conference referred to in last year's annual report was held in January when handicapped children due to leave in July, 1970, were discussed. In addition to senior medical staff, the careers officer and the senior educational psychologist, other appropriate field staff were in attendance when a particular type of handicapped child was under review. These officers included the teacher of the deaf, home teacher of the blind, the deaf missionary and child care officer. Adequate follow up of these handicapped school children is thus assured. A further conference was held in October, 1970, in respect of children due to leave school at Easter, 1971. Leavers from Sidestrand Hall school were dealt with at a separate conference attended by the headmaster, senior educational psychologist and the assistant senior medical officer.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL

The provision of transport on medical grounds for pupils to and from school was recommended in eighty-three cases after consideration of reports from hospital specialists, family doctors or school medical officers. This compared with 167 in the previous year. There were a number of children examined by medical officers where the provision of transport was not considered on medical grounds to be justifiable.

IV. TREATMENT OF DEFECTS

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

Excellent co-operation continues to exist between school medical officers, hospital consultants and family doctors.

Before any child is referred to a specialist or for hospital treatment, it is the practice, save for certain agreed conditions, to consult the family doctor so that he will have the opportunity, if he wishes, to refer the child himself. In many cases, however, general practitioners are willing for children to be referred by school medical officers, provided they are fully informed of the results.

The routine reports which are available from consultant paediatricians, cardiologists and chest physicians, etc., are very much appreciated and are found most helpful in relating educational needs to physical, mental or emotional defects.

DEFECTIVE VISION

During the year, 1,182 pupils were found to have defects of vision (excluding squint) needing treatment and 1,801 were placed under observation. Special ophthalmic clinics for school children continued, through the co-operation of the hospital authorities, to be held at the Cromer and District, West Norfolk and King's Lynn General, Thetford Cottage and Jenny Lind Hospitals and during the year 2,193 cases were referred to these clinics and spectacles were prescribed for 1,011 pupils.

Squint

The number of children found at periodic medical inspection to need treatment for squint was 106.

A summary of the cases seen at orthoptic clinics is given below:

Number of children treated by orthoptist	Cromer and District Hospital	Norfolk and Norwich Hospital	West Norfolk and King's Lynn General Hospital	Thetford Cottage Hospital	Total
	63	*21	127	57	268
Number discharged as improved or cured	33	34	30	6	103

* New cases only.

At one of the hospitals a high percentage of the children did not attend the orthoptic clinic regularly or failed to attend altogether.

DEFECTS OF EAR, NOSE AND THROAT

At periodic medical inspection 198 children were referred for treatment and 1,495 placed under observation for diseases of the ear, nose and throat.

SKIN DISEASE

Ninety-six children were referred at medical inspections for treatment and 289 placed under observation for diseases of the skin.

ORTHOPAEDIC DEFECTS

The arrangements whereby children needing orthopaedic treatment were referred with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals, continued during the year.

V. DENTAL TREATMENT

The Principal School Dental Officer reports:

STAFF

The year saw the retirement of two whole-time dental officers, Mrs. H. M. Croxford and Mr. J. H. de Mierre. Mr. J. L. Taylor transferred from the North Walsham area to Mrs. Croxford's area at Hunstanton and Mr. K. J. Pratt replaced Mr. Taylor. This left a vacancy in the Thorpe/Hoveton/Acle district which had not been filled by the end of the year and I am indebted to Mr. Pratt for covering five clinics in the north-east of the county during this difficult time. Mrs. E. P. Churchyard also helped considerably by attending Cromer in addition to her own clinics. Mrs. J. M. Wild was appointed to the post vacated by Mr. de Mierre at Thetford/Methwold.

In King's Lynn, Mr. Heyes resigned to follow post-graduate study and his place was taken by Mr. J. D. Gullan-Whur. The other staff change involved the appointment of a part-time dental officer, Mrs. D. Cubitt, to the post at Sprowston from which Mr. C. Watkins resigned.

Unfortunately, Mr. S. H. Woonton suffered a serious illness for some five months but I am glad to report his complete recovery and return to work later in the year. Again I am indebted to members of the staff who willingly helped in Mr. Woonton's clinics during this time. Sickness accounted for a loss in time equivalent to 1.1 dental officers or eleven sessions each week.

The establishment remained at sixteen whole-time dental officers including the chief and four area dental officers.

Courses and Conferences

A dental officers' staff conference was held at the County Hall in May. In the afternoon, Mr. J. Rodgers, senior dental officer, Department of Health and Social Security, addressed the gathering which included school dental officers from the City of Norwich and our deputy superintendent nursing officer. Many interesting facets of public health dentistry were discussed.

Miss F. J. Rhodes attended a course on Children's Dentistry at the Eastman Dental Hospital, London, as did Mr. K. J. Pratt who also visited Oxford with Mr. A. M. Wilson to attend a refresher course for Local Authority dental officers. In November, I was present at a conference in London organised by the British Dental Association. The subjects discussed included dental health education, periodontology and the latest research on caries.

Towards the end of 1968 all dental staff were instructed in resuscitation. It was thought advisable at that time to repeat these classes at approximately twelve-month intervals. Consequently, I am grateful to Dr. C. H. B. Lawfield, assistant senior medical officer, who kindly lectured and demonstrated. The instruction was greatly appreciated.

It was extremely disappointing when the Authority refused permission for dental officers to attend the post-graduate course of instruction leading to the Diploma in Dental Public Health (D.D.P.H.) which is a registerable qualification designed for public dental officers. In common with other fields of dentistry, public health work is becoming more specialised, not only demanding expertise in the treatment of children but also overall knowledge in methods of assessing public dental needs, and associated problems. If Norfolk wishes to continue to attract the type of dental surgeon who is really interested in public health, the Council's reconsideration of this matter is vitally important.

DENTAL INSPECTIONS AND TREATMENT 1970

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	6,801	5,765	1,159	13,725
Subsequent visits	7,188	9,125	1,986	18,299
Total visits	13,989	14,890	3,145	32,024
Additional courses of treatment commenced	479	352	55	886
Fillings in permanent teeth	4,764	13,309	3,362	21,435
Fillings in deciduous teeth	10,037	1,080	—	11,117
Permanent teeth filled	3,878	11,483	3,050	18,411
Deciduous teeth filled	9,231	1,019	—	10,250
Permanent teeth extracted	246	1,528	346	2,120
Deciduous teeth extracted	4,926	1,502	—	6,428
General anaesthetics	1,201	603	45	1,849
Emergencies	644	452	72	1,168

Number of Pupils X-rayed	660
Prophylaxis	1,815
Teeth otherwise conserved	2,658
Number of teeth root filled	71
Inlays	6
Crowns	67
Courses of treatment completed	10,821

ORTHODONTICS

Cases remaining from previous year	345
New cases commenced during year	165
Cases completed during year	159
Cases discontinued during year	33
Number of removable appliances fitted	260
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	109

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	1	—	—	1
Pupils supplied with other dentures (first time)	9	61	17	87
Number of dentures supplied	11	68	17	96

ANAESTHETICS

General Anaesthetics administered by Dental Officers	1,849
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INSPECTIONS

(a) First inspection at school. Number of Pupils	34,269
(b) First inspection at clinic. Number of Pupils	2,806
Number of (a) plus (b) found to require treatment	21,110
Number of (a) plus (b) offered treatment	18,724
(c) Pupils re-inspected at school or clinic	938
Number of (c) found to require treatment	581

SESSIONS

Sessions devoted to treatment	5,078
Sessions devoted to inspection	426
Sessions devoted to Dental Health Education	92

Clinics and Equipment

No new clinics were built during 1970 but the following new equipment was provided:

Attleborough	Aspirator, anaesthetic apparatus.
Methwold	Aspirator, compressor, dental unit.
Terrington	Aspirator, compressor, dental unit.
Thetford	Aspirator, compressor, dental unit.
Thorpe	Aspirator.
Wymondham	Aspirator.

Dental Health Education

We continue to distribute school dental hygiene kits to five-year-olds at their first dental inspection and with the co-operation of the health education officer, talks were given in schools and literature distributed. Talks were also given at P.T.A. evening meetings.

Although not strictly dental health education a display was mounted during the summer at the Norfolk Festival of Education, depicting the history of the School Dental Service. It showed, with the aid of models, the various types of treatment which is given nowadays. Much of the work for the display was done by Miss F. J. Rhodes.

General

The number of routine inspections in schools was 34,269 which was 136 less than 1969, in which year I mentioned that we had suffered the first decrease in the number of inspections for some time. Even allowing for the fact that more sessions were lost in 1970 through sickness than in previous years, the fact remains that a saturation point has been reached where the present establishment is doing as much as it is able in treating dental disease. If we use the number of routine inspections as a barometer to indicate how well the service is coping with dental disease the inference is that we are not now holding our own. The serious position is underlined if we take into account also that the school population is rising steadily. The answer, therefore, lies in more staff, if we choose to ignore other measures to combat dental decay like fluoridation of water supplies and rigid oral hygiene on the part of patients. At the time of writing, I am pleased to report, in fact, that there is every indication of increasing the establishment.

On a brighter note, I can report that more teeth were conserved in 1970 than the previous year and less teeth extracted. Also there were more attendances at the clinics and more courses of treatment were completed. The statistics show that there was an improved work output per session.

Mr. K. J. Pratt conducted a survey amongst parents of primary school children and some of the results he mentions in his area report are quite startling. For example 51% of fathers and 46% of mothers did not agree with filling milk teeth. 13% of parents did not believe in conserving permanent teeth all of which emphasises the need for increased dental health education. Mr. Pratt also mentions the emergency service which is put into operation when we are faced with a general anaesthetic case to be treated without delay. On these occasions two dental officers, one to act as anaesthetist, arrange to meet at a convenient clinic at the end of a session to cope with the problem which, in remote rural areas would be otherwise insoluble. It has been suggested that this procedure is uneconomic but it is certainly appreciated by most parents and patients, the latter hardly worrying over economics whilst suffering with an acute facial swelling!

Mr. J. L. Taylor's first impression of his new area led him to believe that much dental health education and treatment is required.

Mr. S. H. Woonton regrets the inevitable lengthening of intervals between school inspections in his area following his illness. In the Diss/Long Stratton

district he reports that acceptance rates for treatment are as high as 90% in areas over ten miles distant from Norwich where dental practices are less numerous and the demand on the school service is increasing.

In his report, Mr. A. M. Wilson notes that many more children are receiving regular dental care either through the general dental service or the school dental service than of late but there remains the 'hard core' of refusals to offers of treatment. As he administers a large number of general anaesthetics for his other colleagues, Mr. Wilson confirms the continued need for screening potential sickle cell anaemia cases. This exercise was commenced in September. In the East Dereham district it is gratifying to learn that parents and children are accepting the conservation of milk teeth as a positive aid to good general health. With the rapid increase in population at Thetford, the need for the new clinic with an additional dental officer becomes more acute. The present dental officer, Mrs. J. M. Wild, reports that she sees many children of eleven-twelve years from the London area with grossly decayed teeth.

I would like to record my thanks to the hospital consultants for their assistance during the year and school staff for their co-operation.

VI. HEALTH EDUCATION

During the year many schools were visited by the health education officer and members of the health department staff. Health education programmes continued in various schools throughout the county, talks being given by the health education officer, health visitors, medical officers and teaching staff, followed by discussions.

Talks were given on a wide variety of subjects including personal relationships, sex education, drug addiction, the dangers of smoking, health and hygiene, dental care, child care, home safety and the work of the health department. All the talks were illustrated with a variety of visual aids, 16 mm films, filmstrips, film-loops, slides, charts, flannelgraphs, posters, leaflets, etc.

Junior school children were especially fascinated by the giant-sized ply-wood toothbrush and the tube of toothpaste used in the dental health demonstrations, and it is perhaps this work amongst the younger children that is the most rewarding and interesting for many people.

During the month of July, a school health exhibition was displayed at Thorpe Secondary Modern School as part of an exhibition to mark the centenary of education in this county. The theme was 'School Health through the Ages' and special reference was made to the progress in dental health education and the dangers of obesity in school children.

VII. HANDICAPPED PUPILS

ASCERTAINMENT

The following table shows the number of formal ascertainments, in each category, carried out during the year:

	1970	1969
Blind	—	—
Partially sighted	2	3
Deaf	1	1
Partially hearing	20	14
Delicate	13	16
Educationally subnormal	97	103
Epileptic	1	1
Maladjusted	28	43
Physically handicapped	26	23
Defective speech	3	6
Multiple defects	8	10
	<hr/> 199	<hr/> 220

SPECIAL EDUCATION TREATMENT

The number and disposition of handicapped pupils is shown in the following table. Many children with less severe physical defects, not needing to be admitted to a special school, are given special help and adjustment of the curriculum at the ordinary school and these children are included in the appropriate column 'In maintained schools':

Categories	In res. day or hospital spl. schools (incl. hostels)		In maintained schools		In independent schools		Not at school		Totals		1970 grand totals	1969 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind	1	1	—	—	—	—	—	—	1	1	2	3
Partially Sighted	10	7	2	3	—	—	—	—	12	10	22	24
Deaf	6	6	—	1	1	—	—	—	7	7	14	12
Partially hearing . .	2	—	63	44	2	3	—	—	67	47	114	103
Delicate	12	8	24	13	2	1	—	—	38	22	60	56
E.S.N.	75	46	215	130	2	—	4	1	296	177	473	485
Epileptic	2	1	2	4	—	—	—	1	4	6	10	9
Maladjusted	46	5	33	11	—	—	—	—	79	16	95	92
Physically handicapped	14	10	35	29	2	—	12	4	63	43	106	85
Speech defects	—	—	7	3	—	—	—	—	7	3	10	10
Multiple defects	9	9	7	3	2	—	1	1	19	13	32	36
Totals 1970	177	93	388	241	11	4	17	7	593	345	938	—
1969	160	93	392	241	13	2	9	5	574	341	—	915

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils

Eighty-four pupils were resident and one was attending as a day pupil at Sidestrand Hall on 31st December, 1970. The continued pressure of demand for the limited places available made the task of assessing priorities for admission difficult. As in previous years all leavers are routinely examined at home or at school by a medical officer to assess the need for future care and guidance as a preliminary to the conference of school leavers and to advise on any particular problems. With regard to dental inspection and treatment, one of the Committee's dental officers inspects children resident at the school and any treatment recommended is carried out at a convenient clinic.

(b) Eden Hall, Bacton, for Delicate Pupils

This school provides for children suffering from the following conditions:

- (i) Debility, malnutrition and anaemia.
- (ii) Respiratory conditions (non-tuberculosis).
- (iii) Rheumatism, chorea and rheumatic heart disease.
- (iv) Non-contagious skin disease.
- (v) Congenital heart defect.

Forty-one children, which is six less than the previous year, were resident in the school at the end of the year.

Medical Classification of Children resident at Eden Hall on 31st December, 1970:

						Boys	Girls	Total
Asthma	27	5	32
Asthma and Eczema			9	—	9
Bronchitis	1	—	1
Bronchiectasis		—	1	1
General debility	2	2	4
Nervous debility	1	—	1
Rheumatic fever	1	—	1
Fragilitas Ossium	—	1	1
						—	—	—
						41	9	50
						—	—	—

Sending Authority:

						Boys	Girls	Total
Norfolk	13	7	20
Bedfordshire		—	1	1
Cambridgeshire and Isle of Ely	5	—	5
Essex	6	—	6
Derbyshire		1	—	1
Leicester County Borough			5	—	5
Lincolnshire (Kesteven)	1	—	1
London (Bexley)	1	—	1
London (Enfield)	2	—	2
London (Waltham Forest)			1	—	1
West Suffolk	2	1	3
East Suffolk	4	—	4
						—	—	—
						41	9	50
						—	—	—

The senior medical officer who keeps in close consultation with the head master and matron is responsible for medical approval of admission and discharge. Brief medical reports are made available every term to those authorities sending pupils to the school. Regular dental inspection is carried out by one of the Council's dental officers and any necessary treatment is arranged at a clinic.

(c) Colne Cottage Hostel, Cromer, and Morley Hall Hostel, near Wymondham, for Maladjusted Pupils

Children who show signs of emotional instability or psychological disturbances but can still benefit from education at an ordinary school can on recommendation be admitted to the sympathetic and sheltered environment provided at one of these hostels.

During the year nineteen children were admitted to Morley Hall and eleven children to Colne Cottage. At the end of 1970 thirty were resident at Morley Hall and nineteen at Colne Cottage. Ten of these children had been sent by other authorities.

Monthly case conferences, attended by the consultant psychiatrist, senior medical officer, senior educational psychologist and the psychiatric social worker, were held at each of the hostels with the warden to discuss the progress of individual children and to make the necessary recommendations and reports.

(d) **Ethel Tipple School**

This new day school at King's Lynn has been provided for the accommodation ultimately for eighty educationally subnormal pupils. The first group of pupils was admitted on 21st September and at the end of the year there were seventeen in attendance.

DEAF AND PARTIALLY HEARING CHILDREN

The scheme for audiometric screening of six-year-old children by the health visitors, introduced in 1965, continued during the year. Any child failing this test is followed up by the school medical officer and a full assessment, including ear, nose and throat examination, is carried out before it is decided whether further investigation is required. During the year 7,123 children have been screened by the health visitor or medical officer and of this number 1,027 failed the test, approximately 14.4%. The following gives a summary of the work carried out during the year:

Number of schools visited during year	367
Number of pupils screened by:				
(a) Health visitors/school nurses	7,001
(b) School medical officers	122
Total	7,123

Number who failed test by:				
(a) Health visitors/school nurses:	
(i) one ear only	533
(ii) both ears	467
(b) School medical officers:				
(i) one ear only	17
(ii) both ears	10
Total	1,027

Number of pupils subsequently examined by school medical officer:				
(a) Found to have no hearing defect, no further action required	547
(b) Decision deferred pending treatment by general practitioner or school medical officer	48
(c) Placed under observation by school medical officer	..			358
(d) Referred to E.N.T. Clinic (after referral to G.P.)	..			101
(e) Recommended for referral to:				
(i) Teacher of the deaf	2
(ii) Speech therapist	3
(iii) Educational psychologist	1
(iv) For mental ascertainment, etc.	2
Total	1,062*

*This figure includes pupils screened in the previous year and therefore not included in the 1,027 given above, who failed the test in 1970.

EDUCATION OF HEARING IMPAIRED CHILDREN

I am indebted to the chief education officer for the following information:

Hearing Assessment Clinics

The two established clinics have continued throughout the year at the Jenny Lind Hospital, Norwich, and the local health office, King's Lynn, staffed in each place by a consultant otologist, teacher of the deaf and educational psychologist.

Pre-school Cases

The number of children under school age seen by teachers of the deaf was thirty-four. In order to augment the advantages emanating from social contact with normal hearing children, one hearing impaired child attended a play-group and two were in nursery schools.

New Cases

The number of new cases reported during the year was ninety-seven. A field study indicated that the average number of children found to be hearing impaired during the past three years is forty-one per ten thousand children. Of these seven had irreversible nerve damage. While much can and has been done to alleviate the physical and educational needs of the thirty-four children, the low incidence of nerve-deaf children occurring in a sparse population makes choice of site for permanent centres of special educational needs difficult.

Peripatetic Work

Because of the difficulty outlined in the preceding paragraph, emphasis has to be placed on the peripatetic service in the county. The range of duties covered by visiting teachers of the deaf is wide and includes auditory training begun immediately after assessment, advice to parents and teachers, and remedial assistance in school. In all, 387 children were involved who ultimately required continued observation and educational treatment.

Unit Provision in Primary Schools

In addition to those units already providing for the needs of partially hearing children in Attleborough, Fakenham and King's Lynn, another was opened in September at the Millfield County Primary School, North Walsham. It has a small specially designed and equipped mobile annexe which is used for teaching speech and auditory training. It may also render service as a centre for testing hearing. The unit children spend the greater part of each day in the classroom among those who hear normally. The function of the responsible teacher of the deaf is to ensure that language development is maintained through optimum contact with local educational practice. This involves a close team-teaching relationship between the class teacher and the teacher of the deaf, which is proving beneficial to all involved.

Special Schools

The number of children attending special schools for deaf and partially hearing children during the year is as follows:

East Anglian School, Gorleston	13
Hamilton Lodge, Brighton	1
Rayners School, Bucks.	1
Woodford Green, Essex	1

CHILD GUIDANCE

There were no major changes during the year in the staff of the child guidance team and the senior medical officer continued to consult as necessary with members of the team.

The total number of new cases (152) was slightly less than in the previous year. There was still a considerable waiting list of children referred for the first time. The number of children seen and the number of sessions held during the year at the five clinics is included in the following table:

Number of Clinic Sessions held:					Totals		
				1970	1969	1970	1969
Norwich	68*	75*		
King's Lynn	44	38		
Cromer	3	6		
Fakenham	—	2		
Total number of sessions			..			115	121
Number of New Cases seen			..			152	159
Total individual patients seen						196	222

Number of Interviews:							
Norwich	139	173		
King's Lynn	76	66		
Cromer	6	13		
Norwich and Great Yarmouth Hospitals	12	14	233	271
*Includes one session for enuretics							

113 or 74% of the new cases were referred by general practitioners, hospital specialists or through the school health service. The remaining 26% were referred by members of the chief education officer's staff, children's officer, N.S.P.C.C., probation officers, magistrates or parents.

The main reasons for reference were general behaviour and/or emotional problems. The results of treatment followed a similar pattern as for the previous year, 17% being discharged from the clinic as being adjusted or improved. Of the remainder the bulk of this was still under treatment or being followed up by members of the team. 9% of the cases were recommended for hostels for maladjusted children.

SPEECH THERAPY

The establishment of speech therapists was complete until the end of the year when Mrs. B. Gallois, who was working eight sessions a week resigned. In consequence of this reduction in the establishment it was necessary to re-distribute as many of the clinics as possible to the remaining therapists. The statistics given below do not include the number of cases seen by Miss Rutt at the Great Yarmouth clinic or the Jenny Lind Hospital where she attends by arrangement with the appropriate authorities.

SPEECH THERAPY CLINICS

Number of clinic sessions held	1,458
Total number of children treated during the year	840
Number of new cases referred during the year	323
Number discharged or transferred to other clinics	273

Children Discharged—Results of treatment

Normal Speech	113
Speech greatly improved	74
Speech showed some improvement	39
Speech showed little or no improvement	20
Initial interview only	27
						273

PUPILS SUFFERING FROM A DISABILITY OF THE MIND

Twenty children were found during the year to be unsuitable for education at the ordinary school. All the cases were dealt with on an informal basis as the parents were in agreement with the medical officer’s opinion. However, in one case examined during 1969 in accordance with Section 57 of the Education Act, 1944, an appeal by the parent, which was pending at the end of that year, was upheld by the Department of Education and Science.

Of the twenty children unsuitable for education at the ordinary school fourteen were admitted to junior training centres and four to special care units at training centres. In two cases, admission to junior training centres was being deferred at the request of the parents.

Thirty children were reported informally to the local health authority as requiring care and guidance after leaving school.

HOME TUITION

The Education Committee was providing home tuition for fourteen handicapped pupils at the end of the year. Two other children not ascertained as handicapped were also given similar special educational help.

HEART CLINICS

Special heart clinics for Norfolk children were held at the Jenny Lind Hospital by Dr. W. A. Oliver, consultant, and during the year 114 examinations were made. In addition fifty-three examinations of older children took place at the Norfolk and Norwich Hospital.

VIII. PROVISION OF MILK AND MEALS

I am indebted to the Chief Education Officer for the following table:

No. of pupils in attendance at September 1970			Meals			Milk	
			Free	Paid	%of those attending	1/3rd pint free	%of those attending
Primary	40,470		2,640	29,774	80.09	35,078	86.67
Secondary modern and secondary grammar	22,109		1,811	15,405	77.87	—	—
Nursery	111		7	104	100.00	102	91.89
Totals 1970 (1969)	62,690 (59,244)		4,458 (4,893)	45,283 (43,517)	79.34 (81.7)	35,180 (33,275)	86.69 (86.9)

IX. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

Both primary vaccinations and re-vaccinations have declined slightly in number.

				Primary Vaccination	Re-vaccination
1967	312	468
1968	267	426
1969	230	567
1970	222	525

Diphtheria Vaccination

Primary courses have been administered to a larger number of children who had missed receiving this protection in infancy. Reinforcing doses to supplement protection given in infancy have increased in proportion to the increasing numbers of pupils in the age group eligible.

	Primary Immunisation					Booster Doses
1967	540	6,293
1968	262	6,167
1969	199	6,535
1970	437	6,810

There were no cases of diphtheria reported during 1970.

Tetanus Vaccination

Protection against tetanus, either singly or in combination with diphtheria, is available to all children at school entry requiring a primary course or a booster dose and a further reinforcing dose is again offered at fifteen years of age or on leaving school. 364 children between the ages of four and fifteen years received primary immunisation in 1970 and a further 10,457 were given a booster dose.

Poliomyelitis Vaccination

A primary course of immunisation against poliomyelitis consists of three doses, usually of oral vaccine and, since 1963, a fourth, booster dose has been offered to children on school entry or not less than one year following the primary course. In 1970, 114 children in the four to fifteen years group received primary immunisation and a record number of 9,434 were given a booster dose.

Measles Vaccination

Improved supplies of measles vaccine made possible the administration of 2,686 doses to children aged between four years and fifteen years. As this immunisation becomes a widely accepted part of infant protection, fewer children should reach school entry age still susceptible to this disease. An important effect of the control of measles is the elimination of the complication of ear infection with the potential consequent hazard of hearing defects.

Rubella (German Measles) Vaccination

Late in 1970 the Department of Health and Social Security made rubella vaccine available for girls aged thirteen years. This vaccine gives protection against rubella or german measles which is well-known as a mild disease but which if it occurs during pregnancy can sometimes cause deformities of the unborn child. Thus the objective of this campaign against rubella is quite different in that no attempt is being made to reduce the incidence of rubella in children in younger age groups.

The initial response by parents to the offer of this vaccine for their daughters has been very good and the acceptance rate may well be as high or higher than that for the other vaccines referred to in foregoing paragraphs.

The total number of thirteen-year-old girls vaccinated is 1,078.

B.C.G. Vaccination

The administration of the Council's scheme was continued in accordance with the recommendations of the Department of Health and Social Security. During the year, 4,046 school children were skin tested and of the 3,633 children who were found to be suitable for vaccination, 3,570 received the B.C.G. vaccine.

X. SANITARY CIRCUMSTANCES AT SCHOOLS

During the year 371 sanitary survey reports were completed by departmental medical officers when carrying out routine medical inspections at schools and this number represents approximately 82.6% of the schools in the county.

The inadequacies noted in respect of 189 schools were of either a minor nature or related to standards which fell short of those required in respect of sanitary facilities in the Standards for School Premises Regulations, 1959. As in previous years the money allocated for minor capital expenditure has been severely restricted so precluding in many cases new building and major reconstructions necessary to meet these standards. However unsatisfactory features at twenty-four schools were referred to the education department relating to inadequate and unsatisfactory closet and washing accommodation, lack of heating, poor artificial lighting, inadequate hot water facilities and minor structural defects.

It is unfortunate that the present severe restrictions on expenditure inevitably deprives many pupils and staff of adequate and satisfactory closet and washing accommodation; permits obsolete heating arrangements to be continued; allows the continuance of out-of-date buildings and results in a certain measure of overcrowding at a number of schools.

XI. SCHOOL MEALS SERVICE

During the year 815 visits were made to school canteens by the county public health inspectors and in fourteen cases improvements to meet the requirements of the Food Hygiene Regulations were referred to the education department. A high standard of food hygiene and preparation has been maintained throughout the year and excellent liaison and co-operation with the officers responsible for the service and with the canteen staffs have been continued.

Food hygiene talks were continued during the year at special courses for school meals staff and where, during routine inspections, or on complaint, foodstuffs were found to be unfit for human consumption condemnation certificates were issued by the county public health inspectors and suitable liaison was maintained as necessary with the public health inspectors of the district councils.

No cases of sickness or food poisoning were found to be attributable to school meals and this reflects credit on the canteen staffs, particularly those working in outdated buildings and in certain canteens where present-day accepted methods of siting equipment cannot be applied.

A continued unsatisfactory feature of the service is the fact that at a number of schools, and because of lack of separate dining room facilities, meals have to be eaten in the classrooms. It seems unlikely, because of the severe restrictions on expenditure, that this situation will be overcome in the foreseeable future.

XII. MILK IN SCHOOLS SCHEME

During the year all schools participating in the scheme were in receipt of a bottled pasteurised milk supply. The results of samples submitted from the department are shown in the following table and the void results relate to those samples which were not examined because of the atmospheric shade temperature exceeding 70°F during their period of storage at the laboratory.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Phosphatase 649	643	6	—
Methylene Blue 649	547	37	65
	<hr/> 1,298	<hr/> 1,190	<hr/> 43	<hr/> 65

It is difficult to determine the exact cause of school milk methylene blue failures particularly if there is no obvious defect at the source of supply. Storage arrangements at the schools must be taken into account and the effect of warm weather on transport arrangements may be a contributory feature. Where storage arrangements at the schools could be improved suitable advice was given.

Phosphatase failures are attributable only to the source of supply and immediate investigations were made at the pasteurising plants concerned where the faults were traced and rectified.

555 samples of schools milk were submitted to the Weights and Measures Department of the County Council for Gerber examination and three proved unsatisfactory.

Whilst many schools co-operate, a number continue to return to the dairies unrinsed bottles containing quantities of stale milk, aluminium foil caps and straws. The onus to cleanse the bottles satisfactorily before their re-use is clearly upon the dairyman but the return of bottles in these unsatisfactory conditions does little towards encouraging the children in the principles of good hygiene.

XIII. SCHOOL SWIMMING POOLS

Forty-three school swimming pools were in use during the year of which sixteen were covered and heated. All were provided with continuous circulation, filtration and chlorination equipment. One new covered and heated pool was brought into use during the year and the one pool formerly operating on the fill and empty principle was discontinued.

Five private pools each with full treatment plant were used by school children during the year.

The types of pool and purification equipment are widely varied and a high standard of care and maintenance has again been attained due to the co-operation the department has continued to receive from head teachers, caretakers and other staff at the schools.

The county public health inspectors continued inspections and sampling of all pools used by school children during the year and of 205 samples submitted 161 contained no coliform organisms per 100 ml. and 134 had nil plate count tests. Twenty-seven samples contained Bact. coli (type 1) and these, together with samples having a bact. coli content or a high plate count, were repeated after inspections and any necessary advice was given.

XIV. REMAND HOME

Members of the headquarters medical staff continue to visit the Bramerton Remand Home. During the year 207 boys and eighty-four girls were admitted. 135 boys and thirty-nine girls were seen by the consultant psychiatrist and forty-eight girls and one boy were specially examined by a consultant physician.

XV. CHILDREN'S HOMES

Regular inspection of children's homes maintained by the Children's Committee were made by medical officers and reports submitted on the hygienic conditions of the premises. Any child needing dental treatment was, where practicable, treated at the appropriate clinic.

XVI. MISCELLANEOUS

Holiday Camps for Diabetic Children

The Committee accepted responsibility for the fees and travelling expenses involved for two diabetic children, who were sent for a fortnight's holiday at a camp arranged by the British Diabetic Association.

Medical Examinations

The following examinations were carried out by the medical staff of the Health Department:

429 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Circular 248 and 249 of the Department of Education and Science.

Sixty-eight examinations of entrants to the school canteen service, other than those covered by the Local Government Superannuation Acts. From 1st April, the physical examination of canteen workers was discontinued and a revised questionnaire on the health of candidates for foodhandling duties was introduced. Since that date 292 questionnaires have been received and where necessary, chest X-ray and/or physical examinations arranged.

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1970

Name and address of clinic	Type of treatment provided	Frequency of sessions
ACLE V.P. School	Speech therapy Dental	One session weekly Two sessions weekly
ATTLEBOROUGH Secondary Modern School..	Speech therapy Dental	One session weekly Four sessions weekly
AYLSHAM Secondary Modern School..	Speech therapy Dental	One session weekly Three sessions weekly
CAISTER Secondary Modern School.. C.P. School	Speech therapy } Speech therapy }	One session weekly
COSTESSEY C.P. School	Dental	Four sessions weekly
CROMER Local Health Office, Norwich Road	Child guidance Dental	As required One session weekly
DISS Secondary Modern School..	Dental Speech therapy	Six sessions weekly One session weekly
DOWNHAM MARKET Local Health Office, 48 Howdale Road ..	Dental Speech therapy	Six sessions weekly One session weekly
DUNHAM County Primary School ..	Speech therapy	One session weekly
EAST DEREHAM Local Health Office, High Street	Dental Speech therapy	Seven sessions weekly Two sessions weekly
FAKENHAM Local Health Office, Baron's Close	Child Guidance Dental	As required Six sessions weekly
County Primary School ..	Speech therapy Speech therapy	One session weekly One session weekly
FRAMINGHAM EARL Secondary Modern School..	Dental	Four sessions weekly

Name and address of clinic	Type of treatment provided	Frequency of sessions
HELLESDON C.P. Infants' School, Kinsale Avenue	Dental Speech Therapy	Four sessions weekly One session weekly
HOVETON Secondary Modern School..	Dental	One session weekly
KING'S LYNN Local Health Office, 15 Nelson Street	Child guidance Speech therapy	Two sessions weekly Three sessions weekly
Secondary Modern School, Queen Mary Road, Gaywood (two surgeries)	Dental	Twenty sessions weekly
LITTLE FRANSHAM County Primary School ..	Speech therapy	One session weekly
LODDON Secondary Modern School..	Dental Speech therapy	Two sessions weekly One session weekly
LONG STRATTON Secondary Modern School..	Dental Speech Therapy	Four sessions weekly One session weekly
METHWOLD Secondary Modern School..	Dental	Four sessions weekly
NEW HUNSTANTON Secondary Modern School..	Dental Speech therapy	Six sessions weekly One session weekly
NORTH WALSHAM Secondary Modern School.. County Primary Schools	Dental Speech therapy	Three sessions weekly One session weekly
NORWICH 52 Thorpe Road	Child guidance	One session weekly, and one session monthly (enuretics)
	Speech therapy	Five sessions weekly
Local Health Office, Aspland Road	Dental	One session weekly
OLD BUCKENHAM Secondary Modern School..	Speech therapy	One session weekly
REEPHAM Secondary Modern School..	Dental	Two sessions weekly
SHERINGHAM Secondary Modern School..	Dental	Four sessions weekly

Name and address of clinic	Type of treatment provided	Frequency of sessions
SHIPDHAM County Primary School ..	Speech therapy	One session weekly
SPORLE County Primary School ..	Speech therapy	One session weekly
SPROWSTON County Primary School ..	Dental	Three sessions weekly
STALHAM Secondary Modern School..	Dental Speech therapy	One session weekly One session weekly
SWAFFHAM Secondary Modern School..	Dental	Five sessions weekly
TERRINGTON ST. CLEMENT Secondary Modern School..	Dental	Four sessions weekly
THETFORD Local Health Office, Tanner Street	Dental Speech therapy	Six sessions weekly Two sessions weekly
THORPE County Primary School, Hill- side Avenue	Dental	Three sessions weekly
WATTON Secondary Modern School..	Dental Speech therapy	Four sessions weekly One session weekly
C.P. School	Speech therapy	One session weekly
WELLS-NEXT-SEA C.P. School	Dental	Four sessions weekly
WYMONDHAM Secondary Modern Boys' School	Dental	Six sessions weekly
Secondary Modern Girls' School	Speech therapy	Two sessions weekly

MEDICAL INSPECTION AND TREATMENT (Excluding Dental Inspection and Treatment)

Return for the Year ended 31st December, 1970

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	646	646	—	14	31	41
1965	3,838	3,836	2	100	201	278
1964	3,100	3,099	1	107	147	233
1963	793	792	1	33	51	76
1962	356	356	—	16	16	30
1961	384	384	—	23	11	33
1960	2,327	2,324	3	135	108	224
1959	2,620	2,619	1	158	168	302
1958	935	934	1	52	60	110
1957	319	318	1	20	28	44
1956	1,112	1,106	6	52	61	107
1955 and earlier	3,794	3,791	3	472	169	610
Total	20,224	20,205	19	1,182	1,051	2,088

Col. (3) total as a percentage of Col. (2) total 99.91% — } to two places of decimals
Col. (4) total as a percentage of Col. (2) total 0.09% — }

TABLE B—OTHER INSPECTIONS

NOTES: A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,137
Number of re-inspections	8,149
				<hr/>
	Total	9,286
				<hr/>

TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	34,963
(b)	Total number of individual pupils found to be infested	..			223
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..			—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)		—

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease						PERIODIC INSPECTIONS				Special Inspection
							Entrants	Leavers	Others	Total	
4.	Skin	T	26	29	41	96	9
						O	116	62	111	289	10
5.	Eyes—(a)	Vision	T	269	489	424	1,182	269
						O	786	375	640	1,801	142
	(b)	Squint	T	75	4	27	106	11
						O	103	20	51	174	3
	(c)	Others	T	1	4	4	9	4
						O	24	37	50	111	3
6.	Ears—(a)	Hearing	T	34	9	30	73	70
						O	254	34	116	404	49
	(b)	Otitis Media	T	20	3	7	30	4
						O	228	10	51	289	10
	(c)	Other	T	3	2	9	14	3
						O	17	3	17	37	5
7.	Nose and Throat	T	40	9	32	81	33
						O	523	52	190	765	27
8.	Speech	T	58	1	31	90	68
						O	364	9	55	428	19
9.	Lymphatic Glands	T	15	1	3	19	—
						O	151	10	10	171	1
10.	Heart	T	13	8	9	30	7
						O	60	25	41	126	3
11.	Lungs	T	15	5	50	70	13
						O	185	39	111	335	18
12.	Developmental—(a)	Hernia	T	13	—	3	16	—
						O	27	3	12	42	1
	(b)	Other	T	36	16	83	135	43
						O	310	17	213	540	22
13.	Orthopaedic—(a)	Posture	T	2	5	1	8	1
						O	12	23	39	74	5
	(b)	Feet	T	26	7	21	54	15
						O	177	32	91	300	10
	(c)	Other	T	19	8	15	42	18
						O	132	48	78	258	8
14.	Nervous System—(a)	Epilepsy	T	5	5	5	15	2
						O	24	9	24	57	3
	(b)	Other	T	5	3	4	12	6
						O	57	6	52	115	10
15.	Psychological—(a)	Development	T	5	6	108	119	39
						O	139	29	123	291	39
	(b)	Stability	T	8	10	12	30	17
						O	106	15	70	191	30
16.	Abdomen	T	3	2	7	12	3
						O	27	5	39	71	2
17.	Other	T	21	17	28	66	38
						O	183	85	234	502	69
	Menstruation	T	—	—	—	—	—
						O	1	12	1	14	—
	TOTALS						712	643	954	2,309	673
							4,006	960	2,419	7,385	489

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS)**

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	2,193
Total	2,193
Number of pupils for whom spectacles were prescribed	1,011

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	54
(b) for adenoids and chronic tonsili- tis	237
(c) for other nose and throat condi- tions	78
Received other forms of treatment ..	44
Total	413
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids:	
(a) during the calendar year 1970..	11
(b) in previous years	72

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out- patients departments	*
(b) Pupils treated at school for postural defects	*
Total	*

*Figures not available

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part 1)

	Number of pupils known to have been treated			
Ringworm—(a) Scalp	*			
(b) Body.. ..	*			
Scabies	*			
Impetigo	*			
Other skin diseases	*			
Total	*			

TABLE E—CHILD GUIDANCE TREATMENT

	Number of pupils known to have been treated
Pupils treated at Child Guidance clinics	196

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	840

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments ..	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	3,570
(d) Other than (a), (b), and (c) above Please specify	
Total (a) — (d)	3,570

* Figures not available

